



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<small>Attorney Docket No.</small> 00169.001469.3
		<small>First Named Inventor or Application Identifier</small> SEPPO REINO KERONEN
		<small>Express Mail Label No.</small>

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p><p>3. <input checked="" type="checkbox"/> Specification <small>Total Pages</small> <input type="text" value="38"/></p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets</small> <input type="text" value="24"/></p><p>5. <input checked="" type="checkbox"/> Oath or Declaration <small>Total Pages</small> <input type="text" value="2"/></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p><p style="margin-left: 20px;">b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small></p><p style="margin-left: 40px;">i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. <small>See 37 CFR 1.76</small></p></div><div style="width: 55%; vertical-align: top; padding: 5px;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p style="margin-left: 20px;">b. Specification Sequence Listing on:</p><p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>	ACCOMPANYING APPLICATION PARTS <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="text" value="1"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input checked="" type="checkbox"/> Other: <u>Claim to Priority; Petition For Extension of Time in</u> <u>Application Serial No. 09/414,558</u></p>
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17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation

☐ Divisional

☐ Continuation-in-part (CIP) of prior application No. 09/414,558

Prior application information: Examiner Jared Fureman Group/Art Unit: 2876

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

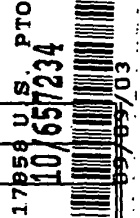
18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

05514
(Insert Customer No. or Attach bar code label here)

☐ Correspondence address below

NAME			
Address			
City	State	Zip Code	
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	50-20 =	30	X \$ 18.00 =	\$ 900.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	14-3 =	11	X \$ 84.00 =	\$ 924.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
			Total of above Calculations =		\$2,574.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$2,574.00

19. Small entity status


- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 2,574.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Carole A. Quinn, Reg. No. 39,000
SIGNATURE	
DATE	September 8, 2003